

AMENDED IN ASSEMBLY SEPTEMBER 6, 2005

AMENDED IN ASSEMBLY JUNE 21, 2005

SENATE BILL

No. 666

Introduced by Senator Aanestad

February 22, 2005

An act to amend Section 1250 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 666, as amended, Aanestad. Congregate living health facilities.

Existing law provides for the licensure and regulation of health facilities, including congregate living health facilities, by the State Department of Health Services. A congregate living health facility is a residential home that provides inpatient care, which includes specific basic services, and that is limited, with certain exceptions, to a capacity of no more than 6 beds.

This bill would increase the capacity of a congregate living health facility to no more than 12 beds, with certain exceptions.

This bill would incorporate additional changes in Section 1250 of the Health and Safety Code, proposed by AB 1346, to be operative only if AB 1346 and this bill are both chaptered and become effective on or before January 1, 2006, and this bill is chaptered last.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1250 of the Health and Safety Code is
2 amended to read:

1 1250. As used in this chapter, “health facility” means any
2 facility, place, or building that is organized, maintained, and
3 operated for the diagnosis, care, prevention, and treatment of
4 human illness, physical or mental, including convalescence and
5 rehabilitation and including care during and after pregnancy, or
6 for any one or more of these purposes, for one or more persons,
7 to which the persons are admitted for a 24-hour stay or longer,
8 and includes the following types:

9 (a) “General acute care hospital” means a health facility
10 having a duly constituted governing body with overall
11 administrative and professional responsibility and an organized
12 medical staff that provides 24-hour inpatient care, including the
13 following basic services: medical, nursing, surgical, anesthesia,
14 laboratory, radiology, pharmacy, and dietary services. A general
15 acute care hospital may include more than one physical plant
16 maintained and operated on separate premises as provided in
17 Section 1250.8. A general acute care hospital that exclusively
18 provides acute medical rehabilitation center services, including at
19 least physical therapy, occupational therapy, and speech therapy,
20 may provide for the required surgical and anesthesia services
21 through a contract with another acute care hospital. In addition, a
22 general acute care hospital that, on July 1, 1983, provided
23 required surgical and anesthesia services through a contract or
24 agreement with another acute care hospital may continue to
25 provide these surgical and anesthesia services through a contract
26 or agreement with an acute care hospital.

27 A “general acute care hospital” includes a “rural general acute
28 care hospital.” However, a “rural general acute care hospital”
29 shall not be required by the department to provide surgery and
30 anesthesia services. A “rural general acute care hospital” shall
31 meet either of the following conditions:

32 (1) The hospital meets criteria for designation within peer
33 group six or eight, as defined in the report entitled Hospital Peer
34 Grouping for Efficiency Comparison, dated December 20, 1982.

35 (2) The hospital meets the criteria for designation within peer
36 group five or seven, as defined in the report entitled Hospital
37 Peer Grouping for Efficiency Comparison, dated December 20,
38 1982, and has no more than 76 acute care beds and is located in a
39 census dwelling place of 15,000 or less population according to
40 the 1980 federal census.

(b) “Acute psychiatric hospital” means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for mentally disordered, incompetent, or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services.

(c) “Skilled nursing facility” means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.

(d) “Intermediate care facility” means a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

(e) “Intermediate care facility/developmentally disabled habilitative” means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

(f) “Special hospital” means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity.

(g) “Intermediate care facility/developmentally disabled” means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

(h) “Intermediate care facility/developmentally disabled—nursing” means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental

1 services, and nursing supervision for developmentally disabled
2 persons who have intermittent recurring needs for skilled nursing
3 care but have been certified by a physician and surgeon as not
4 requiring continuous skilled nursing care. The facility shall serve
5 medically fragile persons who have developmental disabilities or
6 demonstrate significant developmental delay that may lead to a
7 developmental disability if not treated.

8 (i) (1) “Congregate living health facility” means a residential
9 home with a capacity, except as provided in paragraph (4), of no
10 more than 12 beds, that provides inpatient care, including the
11 following basic services: medical supervision, 24-hour skilled
12 nursing and supportive care, pharmacy, dietary, social,
13 recreational, and at least one type of service specified in
14 paragraph (2). The primary need of congregate living health
15 facility residents shall be for availability of skilled nursing care
16 on a recurring, intermittent, extended, or continuous basis. This
17 care is generally less intense than that provided in general acute
18 care hospitals but more intense than that provided in skilled
19 nursing facilities.

20 (2) Congregate living health facilities shall provide one of the
21 following services:

22 (A) Services for persons who are mentally alert, physically
23 disabled persons, who may be ventilator dependent.

24 (B) Services for persons who have a diagnosis of terminal
25 illness, a diagnosis of a life-threatening illness, or both. Terminal
26 illness means the individual has a life expectancy of six months
27 or less as stated in writing by his or her attending physician and
28 surgeon. A “life-threatening illness” means the individual has an
29 illness that can lead to a possibility of a termination of life within
30 five years or less as stated in writing by his or her attending
31 physician and surgeon.

32 (C) Services for persons who are catastrophically and severely
33 disabled. A catastrophically and severely disabled person means
34 a person whose origin of disability was acquired through trauma
35 or nondegenerative neurologic illness, for whom it has been
36 determined that active rehabilitation would be beneficial and to
37 whom these services are being provided. Services offered by a
38 congregate living health facility to a catastrophically disabled
39 person shall include, but not be limited to, speech, physical, and
40 occupational therapy.

1 (3) A congregate living health facility license shall specify
2 which of the types of persons described in paragraph (2) to whom
3 a facility is licensed to provide services.

4 (4) (A) A facility operated by a city and county for the
5 purposes of delivering services under this section may have a
6 capacity of 59 beds.

7 (B) A congregate living health facility not operated by a city
8 and county servicing persons who are terminally ill, persons who
9 have been diagnosed with a life-threatening illness, or both, that
10 is located in a county with a population of 500,000 or more
11 persons may have not more than 25 beds for the purpose of
12 serving terminally ill persons.

13 (C) A congregate living health facility not operated by a city
14 and county serving persons who are catastrophically and severely
15 disabled, as defined in subparagraph (C) of paragraph (2) that is
16 located in a county of 500,000 or more persons may have not
17 more than 12 beds for the purpose of serving catastrophically and
18 severely disabled persons.

19 (5) A congregate living health facility shall have a
20 noninstitutional, homelike environment.

21 (j) (1) “Correctional treatment center” means a health facility
22 operated by the Department of Corrections, the Department of
23 the Youth Authority, or a county, city, or city and county law
24 enforcement agency that, as determined by the state department,
25 provides inpatient health services to that portion of the inmate
26 population who do not require a general acute care level of basic
27 services. This definition shall not apply to those areas of a law
28 enforcement facility that houses inmates or wards that may be
29 receiving outpatient services and are housed separately for
30 reasons of improved access to health care, security, and
31 protection. The health services provided by a correctional
32 treatment center shall include, but are not limited to, all of the
33 following basic services: physician and surgeon, psychiatrist,
34 psychologist, nursing, pharmacy, and dietary. A correctional
35 treatment center may provide the following services: laboratory,
36 radiology, perinatal, and any other services approved by the state
37 department.

38 (2) Outpatient surgical care with anesthesia may be provided,
39 if the correctional treatment center meets the same requirements
40 as a surgical clinic licensed pursuant to Section 1204, with the

1 exception of the requirement that patients remain less than 24
2 hours.

3 (3) Correctional treatment centers shall maintain written
4 service agreements with general acute care hospitals to provide
5 for those inmate physical health needs that cannot be met by the
6 correctional treatment center.

7 (4) Physician and surgeon services shall be readily available in
8 a correctional treatment center on a 24-hour basis.

9 (5) It is not the intent of the Legislature to have a correctional
10 treatment center supplant the general acute care hospitals at the
11 California Medical Facility, the California Men's Colony, and
12 the California Institution for Men. This subdivision shall not be
13 construed to prohibit the California Department of Corrections
14 from obtaining a correctional treatment center license at these
15 sites.

16 (k) "Nursing facility" means a health facility licensed pursuant
17 to this chapter that is certified to participate as a provider of care
18 either as a skilled nursing facility in the federal Medicare
19 program under Title XVIII of the federal Social Security Act or
20 as a nursing facility in the federal medicaid program under Title
21 XIX of the federal Social Security Act, or as both.

22 (l) Regulations defining a correctional treatment center
23 described in subdivision (j) that is operated by a county, city, or
24 city and county, the Department of Corrections, or the
25 Department of the Youth Authority, shall not become effective
26 prior to, or if effective, shall be inoperative until January 1, 1996,
27 and until that time these correctional facilities are exempt from
28 any licensing requirements.

29 *SEC. 2. Section 1250 of the Health and Safety Code is*
30 *amended to read:*

31 1250. As used in this chapter, "health facility" means any
32 facility, place, or building that is organized, maintained, and
33 operated for the diagnosis, care, prevention, and treatment of
34 human illness, physical or mental, including convalescence and
35 rehabilitation and including care during and after pregnancy, or
36 for any one or more of these purposes, for one or more persons,
37 to which the persons are admitted for a 24-hour stay or longer,
38 and includes the following types:

39 (a) "General acute care hospital" means a health facility
40 having a duly constituted governing body with overall

administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. A general acute care hospital may include more than one physical plant maintained and operated on separate premises as provided in Section 1250.8. A general acute care hospital that exclusively provides acute medical rehabilitation center services, including at least physical therapy, occupational therapy, and speech therapy, may provide for the required surgical and anesthesia services through a contract with another acute care hospital. In addition, a general acute care hospital that, on July 1, 1983, provided required surgical and anesthesia services through a contract or agreement with another acute care hospital may continue to provide these surgical and anesthesia services through a contract or agreement with an acute care hospital. *The general acute care hospital operated by the State Department of Developmental Services at Agnews Developmental Center may, until June 30, 2007, provide surgery and anesthesia services through a contract or agreement with another acute care hospital. Notwithstanding the requirements of this subdivision, a general acute care hospital operated by the Department of Corrections and Rehabilitation or the Department of Veterans Affairs may provide surgery and anesthesia services during normal weekday working hours, and not provide these services during other hours of the weekday or on weekends or holidays, if the general acute care hospital otherwise meets the requirements of this section*

A “general acute care hospital” includes a “rural general acute care hospital.” However, a “rural general acute care hospital” shall not be required by the department to provide surgery and anesthesia services. A “rural general acute care hospital” shall meet either of the following conditions:

(1) The hospital meets criteria for designation within peer group six or eight, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982.

(2) The hospital meets the criteria for designation within peer group five or seven, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982, and has no more than 76 acute care beds and is located in a

1 census dwelling place of 15,000 or less population according to
2 the 1980 federal census.

3 (b) “Acute psychiatric hospital” means a health facility having
4 a duly constituted governing body with overall administrative
5 and professional responsibility and an organized medical staff
6 that provides 24-hour inpatient care for mentally disordered,
7 incompetent, or other patients referred to in Division 5
8 (commencing with Section 5000) or Division 6 (commencing
9 with Section 6000) of the Welfare and Institutions Code,
10 including the following basic services: medical, nursing,
11 rehabilitative, pharmacy, and dietary services.

12 (c) “Skilled nursing facility” means a health facility that
13 provides skilled nursing care and supportive care to patients
14 whose primary need is for availability of skilled nursing care on
15 an extended basis.

16 (d) “Intermediate care facility” means a health facility that
17 provides inpatient care to ambulatory or nonambulatory patients
18 who have recurring need for skilled nursing supervision and need
19 supportive care, but who do not require availability of continuous
20 skilled nursing care.

21 (e) “Intermediate care facility/developmentally disabled
22 habilitative” means a facility with a capacity of 4 to 15 beds that
23 provides 24-hour personal care, habilitation, developmental, and
24 supportive health services to 15 or fewer developmentally
25 disabled persons who have intermittent recurring needs for
26 nursing services, but have been certified by a physician and
27 surgeon as not requiring availability of continuous skilled
28 nursing care.

29 (f) “Special hospital” means a health facility having a duly
30 constituted governing body with overall administrative and
31 professional responsibility and an organized medical or dental
32 staff that provides inpatient or outpatient care in dentistry or
33 maternity.

34 (g) “Intermediate care facility/developmentally disabled”
35 means a facility that provides 24-hour personal care, habilitation,
36 developmental, and supportive health services to
37 developmentally disabled clients whose primary need is for
38 developmental services and who have a recurring but intermittent
39 need for skilled nursing services.

(h) “Intermediate care facility/developmentally disabled—nursing” means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

(i) (1) “Congregate living health facility” means a residential home with a capacity, except as provided in paragraph (4), of no more than ~~six~~ 12 beds, that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specified in paragraph (2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.

(2) Congregate living health facilities shall provide one of the following services:

(A) Services for persons who are mentally alert, physically disabled persons, who may be ventilator dependent.

(B) Services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both. Terminal illness means the individual has a life expectancy of six months or less as stated in writing by his or her attending physician and surgeon. A “life-threatening illness” means the individual has an illness that can lead to a possibility of a termination of life within five years or less as stated in writing by his or her attending physician and surgeon.

(C) Services for persons who are catastrophically and severely disabled. A catastrophically and severely disabled person means a person whose origin of disability was acquired through trauma or nondegenerative neurologic illness, for whom it has been determined that active rehabilitation would be beneficial and to whom these services are being provided. Services offered by a

1 congregate living health facility to a catastrophically disabled
2 person shall include, but not be limited to, speech, physical, and
3 occupational therapy.

4 (3) A congregate living health facility license shall specify
5 which of the types of persons described in paragraph (2) to whom
6 a facility is licensed to provide services.

7 (4) (A) A facility operated by a city and county for the
8 purposes of delivering services under this section may have a
9 capacity of 59 beds.

10 (B) A congregate living health facility not operated by a city
11 and county servicing persons who are terminally ill, persons who
12 have been diagnosed with a life-threatening illness, or both, that
13 is located in a county with a population of 500,000 or more
14 persons may have not more than 25 beds for the purpose of
15 serving terminally ill persons.

16 (C) A congregate living health facility not operated by a city
17 and county serving persons who are catastrophically and severely
18 disabled, as defined in subparagraph (C) of paragraph (2) that is
19 located in a county of 500,000 or more persons may have not
20 more than 12 beds for the purpose of serving catastrophically and
21 severely disabled persons.

22 (5) A congregate living health facility shall have a
23 noninstitutional, homelike environment.

24 (j) (1) “Correctional treatment center” means a health facility
25 operated by the Department of Corrections, the Department of
26 the Youth Authority, or a county, city, or city and county law
27 enforcement agency that, as determined by the state department,
28 provides inpatient health services to that portion of the inmate
29 population who do not require a general acute care level of basic
30 services. This definition shall not apply to those areas of a law
31 enforcement facility that houses inmates or wards that may be
32 receiving outpatient services and are housed separately for
33 reasons of improved access to health care, security, and
34 protection. The health services provided by a correctional
35 treatment center shall include, but are not limited to, all of the
36 following basic services: physician and surgeon, psychiatrist,
37 psychologist, nursing, pharmacy, and dietary. A correctional
38 treatment center may provide the following services: laboratory,
39 radiology, perinatal, and any other services approved by the state
40 department.

(2) Outpatient surgical care with anesthesia may be provided, if the correctional treatment center meets the same requirements as a surgical clinic licensed pursuant to Section 1204, with the exception of the requirement that patients remain less than 24 hours.

(3) Correctional treatment centers shall maintain written service agreements with general acute care hospitals to provide for those inmate physical health needs that cannot be met by the correctional treatment center.

(4) Physician and surgeon services shall be readily available in a correctional treatment center on a 24-hour basis.

(5) It is not the intent of the Legislature to have a correctional treatment center supplant the general acute care hospitals at the California Medical Facility, the California Men's Colony, and the California Institution for Men. This subdivision shall not be construed to prohibit the ~~California~~ Department of Corrections from obtaining a correctional treatment center license at these sites.

(k) "Nursing facility" means a health facility licensed pursuant to this chapter that is certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare ~~program~~ *Program* under Title XVIII of the federal Social Security Act or as a nursing facility in the federal ~~medicaid~~ *Medicaid* program under Title XIX of the federal Social Security Act, or as both.

(l) Regulations defining a correctional treatment center described in subdivision (j) that is operated by a county, city, or city and county, the Department of Corrections, or the Department of the Youth Authority, shall not become effective prior to, or if effective, shall be inoperative until January 1, 1996, and until that time these correctional facilities are exempt from any licensing requirements.

SEC. 3. Section 2 of this bill incorporates amendments to Section 1250 of the Health and Safety Code proposed by both this bill and AB 1346. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2006, (2) each bill amends Section 1250 of the Health and Safety

- 1 *Code, and (3) this bill is enacted after AB 1346, in which case*
- 2 *Section 1 of this bill shall not become operative.*

O